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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/815,646 | RECEIVED CENTRAL FAX CENTER JUL 09 2007 |
| | Filing Date | 3/23/2001 | |
| | First Named Inventor | Scott H. Jaeger | |
| | Art Unit | 3626 | |
| | Examiner Name | Koppikar, Vivek D | |
| Total Number of Pages in This Submission | 16 | Attorney Docket Number | |

| ENCLOSURES (Check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply w/RCE <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition - 3 month extension of time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks: Transmitted herewith: ① Petition for Extension of Time under 37 CFR 1.136a ② Request for Continued Examination Transmittal ③ Credit CARD Payment Form | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|----------------|----------|
| Firm Name | | |
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| Printed name | Scott H Jaeger | |
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